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|  |  |  |                               |   |                 | •   | PTO/SB/21 (08-   | 93) "   |  |  |
| MERITA   | <del></del>  |  | Applic                        | ation Number  | 09              | /802,0  | 17   | 11/2693 |  |  |
| TRANSMITTAL FORM  (to be used for all correspondence after initial filing)       |  | Filing Date  |                               | Ma  |                 |   |  |         |  |  |
|  |  | First N  | lamed Inventor                | Sa  |                 |   |  |         |  |  |
|  |  | Art Un   | nit                           | 21  | $\dashv$        |   |  |         |  |  |
|  |  | Exami  | Examiner Name Portka, Gary J. |   |                 |   |  |         |  |  |
| Total Number of Pag<br>Submission  | er of Pages in This                                  |  |                               | ey Docket Number  | 016747-009910US |   |  |         |  |  |
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| Fee Transmittal  | Form   | ☐ Drawin   |                               | ,   | ÎΕ              | After   | Allowance Communication to Group   |         |  |  |
| Fee Attach   | ed   | Licensing-related Papers                                       |                               |   |                 | Appeal Communication to Board of Appeals and Interferences        |  |         |  |  |
| Amendment/Rep  | oly  | Petition   |                               |   |                 | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |  |         |  |  |
| After Final  |  | Petition to Convert to a Provisional Application               |                               |   |                 | Proprietary Information   |  |         |  |  |
| Affidavits/d   | leclaration(s)                                       | Power of Attorney, Revocation Change of Correspondence Address |                               |   |                 | Status Letter   |  |         |  |  |
| Extension of Tim   | ne Request   | Terminal Disclaimer  |                               |   |                 | Other Enclosure(s) (please identify below):                       |  |         |  |  |
| Express Abando   | onment Request                                       | Request for Refund CD, Number of CD(s)                         |                               |   | Co<br>Co<br>Re  | •   |  |         |  |  |
| Statement  | on Disclosure  |  |                               |   |                 | _   |  |         |  |  |
| Certified Copy of Document(s)  | Priority   | The Commissioner is Account 20-1430.                           |                               |   | autho           | orized e  | NOV 2 1 2003   | sit     |  |  |
| Response to Mis  |  |  |                               |   |                 |   |  |         |  |  |
|  | to Missing Parts                                     | 57   |                               |   |                 | Technology Center 2100  |  |         |  |  |
| under 37 C   |  | IATURE   | E ADDI                        | ICANT, ATTORNEY,  | OB              | ACEN  |  | _       |  |  |
| Firm   | Townsend and   |  |                               |   | , <u>U</u> R    | AGEN  |  |         |  |  |
| or<br>Individual   | Chad S. Hilyard                                      |  |                               | Reg. N  | o. 40           | ),647   | My Nov 201   |         |  |  |
| Signature  | Culth  |  |                               |   |                 |   | 5 200  |         |  |  |
| Date   | November 12, 20                                      | 93   |                               |   |                 |   |  |         |  |  |
|  |  | CERTIFIC   | ATE OF                        | TRANSMISSION/M  | AILII           | NG  | THE STATE OF THE S | ス       |  |  |
| hereby certify that this co<br>as first class mail in an en<br>date shown below. | orrespondence is being f<br>evelope addressed to: Ma | acsimile trans<br>ail Stop Non-F                               | mitted to t                   | he USPTO or deposited wit<br>Iment, Commissioner for Pa | h the<br>atents | United S<br>, P.O. Bo   | tates Postal Service with sufficient postago<br>ox 1450, Alexandria, VA 22313-1450 on the  | e<br>e  |  |  |
| Typed or printed nam   | e Nina L. McN  | eill   |                               |   |                 |   |  | ~       |  |  |
| Signature  | Hina   | 201  | n S                           | Keill   | D               | ate   | November 12, 2003  |         |  |  |

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|--|--------------|---------------------------|--------------|-----------------------------|--|---------------------------------|---|--|--|
| an and an  |              |                           |              |                             |  | PTO/SB/                         | 17 (10-03)  |  |  |
| <b>S</b> FEE TRANSMITTAL   |              |                           |              | Co                          | omplete if Kno                           | wn                              |   |  |  |
| <b>100</b>   | Applic       | Application Number 09     |              |                             | 802,017                                  |                                 |   |  |  |
| for FY 2004  | Filing       | Filing Date               |              |                             | March 8, 2001                            |                                 |   |  |  |
| Effective 10/01/2003. Patent fees are subject to annual revision.                              | First N      | lamed In                  | ventor       | Sau                         | Isbury, Ashley                           | REC                             | CEIV  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  | Exam         | iner Nam                  | е            | Port                        | ka, Gary J.                              |                                 | _   |  |  |
|  | Art Un       | nit                       |              | 218                         | 8  | NO                              | V 2 1 20  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 180   | Attorn       | Attorney Docket No. 01674 |              |                             | 747-009910U                              | -009910US Technology Cer        |   |  |  |
| METHOD OF PAYMENT (check all that apply)   |              |                           |              | FEE CALCULATION (continued) |  |                                 |   |  |  |
| Check Credit Card Money Order Other None   | 3. ADI       | DITIONAL                  | FEES         |                             |  |                                 |   |  |  |
| Deposit Account:   | Large<br>Fee | Entity<br>Fee             | Small<br>Fee | Entity<br>Fee               | •  |                                 | Fee   |  |  |
| Deposit<br>Account 20-1430   | Code         | (\$)                      | Code         | (\$)                        |  | escription                      | Paid  |  |  |
| Number   | 1051         | 130                       | 2051         | 65                          | Surcharge - late f                       | -                               |   |  |  |
|  | 1052         | 50                        | 2052         | 25                          | Surcharge - late p<br>or cover sheet.    | provisional filing fee          | *   |  |  |
| Deposit Account Townsend and Townsend and Crew LLP   | 1053         | 130                       | 1053         | 130                         | Non-English spec                         | cification                      |   |  |  |
| Name   | 1812         | 2,520                     | 1812         | 2,520                       |  | st for reexamination            | n   |  |  |
| ne Director is authorized to: (check all that apply)   | 1804         | 920*                      | 1804         | 920°                        | Requesting public                        | cation of SIR prior t           |   |  |  |
| Charge fee(s) indicated below Credit any overpayments  | 1805         | 1,840*                    | 1805         | 1,840*                      |  | cation of SIR after             |   |  |  |
| Charge any additional fee(s) or any underpayment of fee(s)                                     |              |                           | l            |                             | Examiner action                          |                                 |   |  |  |
| Charge fee(s) indicated below, except for the filing fee the above-identified deposit account. | 1251         | 110                       | 2251         | 55                          | ·  | ly within first month           | ' <del>                                    </del> |  |  |
| FEE CALCULATION  | 1252         | 420                       | 2252         | 210                         | Extension for repl<br>month              | ly within second                |   |  |  |
|  | 1253         | 950                       | 2253         | 475                         |  | ly within third mont            | h   |  |  |
| BASIC FILING FEE   | 1254         | 1,480                     | 2254         | 740                         | Extension for repl                       | •                               |   |  |  |
| rge Entity Small Entity  |              |                           |              |                             | month                                    | •                               |   |  |  |
| e Fee Fee Fee Description Fee Paid ode (\$) Code (\$)  | 1255         | 2,010                     | 2255         | 1,005                       | Extension for repl                       | ly within fifth month           | · [   |  |  |
| de (\$)   Code (\$)<br>01 770   2001   385   Utility filing fee                                | 1401         | 330                       | 2401         | 165                         | Notice of Appeal                         |                                 |   |  |  |
| 02 340 2002 170 Design filling fee   | 1402         | 330                       | 2402         | 165                         | -  | pport of an appeal              |   |  |  |
| 03 530 2003 265 Plant filing fee   | 1403         | 290                       | 2403         | 145                         | Request for oral h                       | •                               |   |  |  |
| 04 770 2004 385 Reissue filing fee   | 1451         | 1,510                     | 1451         | 1,510                       | Petition to institute<br>proceeding      | e a public use                  |   |  |  |
| 05 160 2005 80 Provisional filing fee  | 1452         | 110                       | 2452         | 55                          | Petition to revive                       | - unavoidable                   |   |  |  |
|  | 1453         | 1,330                     | 2453         | 655                         | Petition to revive                       | - unintentional                 |   |  |  |
| SUBTOTAL (1) (\$)  | 1501         | 1,330                     | 2501         | 655                         | Utility issue fee (c                     | or reissue)                     |   |  |  |
| EXTRA CLAIM FEES FOR UTILITY AND REISSUE   | 1502         | 480                       | 2502         | 240                         | Design issue fee                         |                                 |   |  |  |
|  | 1503         | 640                       | 2503         | 320                         | Plant issue fee                          |                                 |   |  |  |
| Fee from<br>Extra Claims below Fee Paid  | 1460         | 130                       | 1460         | 130                         | Petitions to the Co                      | ommissioner                     |   |  |  |
| otal Claims -** =  | 1807         | 50                        | 1807         | 50                          | Petitions related t                      | o provisional                   |   |  |  |
|  | 1806         | 180                       | 1806         | 180                         | applications Submission of Inf           | ormation Disclosur              | <u>,</u>  |  |  |
| dependent aims = =   | 1000         | 100                       | 1000         | 100                         | Stmt                                     | ormation Disclosur              | e 180   |  |  |
| ultiple x =  | 8021         | 40                        | 8021         | 40                          |  | atent assignment<br>s number of |   |  |  |
|  | 1            |                           | L            |                             | properties)                              |                                 |   |  |  |
| ere Fee Fee Fee Fee Fee Fee Fee Fee Fee  | 1809         | 770                       | 2809         | 385                         | Filing a submission (37 CFR § 1.129)     | on after final rejection        | on  |  |  |
| ode (\$) Code (\$) <u>Fee Description</u>  | 1810         | 770                       | 2810         | 385                         | For each addition                        |                                 | <del>                                     </del>  |  |  |
| 202 18 2202 9 Claims in excess of 20   |              | -                         |              |                             | examined (37 CF)                         |                                 |   |  |  |
| 101 86 2201 43 Independent claims in excess of 3   | 1801         | 770                       | 2801         | 385                         |  | nued Examination                |   |  |  |
| 03 290 2203 145 Multiple dependent claim, if not paid  | 1            |                           | 1            |                             | (RCE)                                    | an - a                          |   |  |  |
| 04 86 2204 43 Reissue independent claims   | 1802         | 900                       | 1802         | 900                         | Request for expect<br>of a design applic | dited examination ation         |   |  |  |
| over original patent  "Reissue daims in excess of 20   | Other fr     | ee (specif                | y)           |                             | or a design applic                       |                                 |   |  |  |
| and over original patent   |              |                           |              |                             |  | /4                              |   |  |  |
| SUBTOTAL (2) (\$)  | *Reduc       | ed by Bas                 | ic Filing    | Fee Pa                      | d SUBTOTAL (3                            | (\$)180                         |   |  |  |
| or number previously paid, if greater, For Reissues, see above                                 |              |                           |              |                             |  |                                 |   |  |  |
| SUBMITTED BY   |              |                           |              |                             | Com                                      | plete (if applicable)           |   |  |  |
|  |              |                           |              | T                           |  |                                 |   |  |  |
| Name (Print/Type) Chard S Hilyard Registration No. (Attor                                      | ney/Agent)   | )   40                    | ,647         |                             | Telephone                                | 303-571-4000                    |   |  |  |
| Signature  |              |                           |              | - 1                         | 0-4-                                     | No 45 55                        |   |  |  |